## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| FIELD TIRE & SERVICE CENTE   |  |   |  |  |                                |                               |                               |
|--|--|---|--|--|--------------------------------|-------------------------------|-------------------------------|
| Principal Place of Business  | Mailing Address  |   |  |  | *** 8*8** 8*8** 8*             | 811 <b>818</b> 11 <b>8</b> 11 |                               |
| 8490 SHELDON RD.<br>TAMPA FL 33615   | 8490 SHELDON RD.<br>Tampa Fl. 33615  |   |  |  |                                |                               |                               |
|  |  |   |  | 3. Date Incorporated or Qualified  |                                | e of Last                     |                               |
|  |  |   |  | 12/30/1980   | 07/2                           | 5/1995                        |                               |
| 2. Principal Place of Business   | 2a. Mailing Address  |   |  | 4. FEI Number  |                                | -                             | applied For                   |
| 1  | 26   Suite, Apt. #, etc  |   |  | 59-2047398   |                                |                               | lot Applicati<br>Additional   |
| Suite, Apt. #, etc   | 27 27  |   |  | 5. Certificate of Status Desired   |                                | ·                             | Additional<br>Required        |
| City & State   | City & State   |   |  | 6. Election Campaign Financing   |                                |                               | May Be                        |
| 23   | 28   |   |  | Trust Fund Contribution  |                                |                               | to Fees                       |
| Zip Country  | Zip  | Count   | ry   | 8. This corporation has liability for  |                                | ıx under :                    | s 199.032,                    |
| 4 25   | 29   | 30  |  |  | Yes [                          | No                            |                               |
| 9. Name and Address of Cu  | urrent Registered Agent  |   | 1 Name   | 10. Name and Address of New Ro   | egistered A                    | gent                          | ·                             |
| FIELD, MICHAEL S   |  |   |  |  |                                |                               |                               |
| 12210 SNEAD PL   |  | 8   | 2 Street Add   | fress (P.O. Box Number is Not Acceptal   | ble)                           |                               |                               |
| TAMPA FL 33624   |  | 8   | 3  | · · · · · · · · · · · · · · · · · · ·  |                                |                               |                               |
|  |  | ļ   |  |  |                                | T 1 =                         |                               |
|  |  | 8   | 4 City   |  | FL                             | 85 Zu                         | Code                          |
| 11 Pursuant to the provisions of Spetions 607  | 0602 and 607 1609 Florida Statut   |   |  |  |                                | L L                           | s registered                  |
| 11. Tursuant to the provisions of Sections du  | .0002 and 007. 1006, Florida Statul  | tes, the abo  | ve-named corp  | poration submits this statement for the p  | ourpose of ch                  | занучіў п                     | .c.eg.c.c.c.                  |
| office or registered agent, or both, in the S<br>agent. I am familiar with, and accept the c   | State of Florida. Such change was a  | authorized b  | y the corporati  | poration submits this statement for the pion's board of directors. I hereby accep  | ourpose of ch<br>of the appoin | tment as                      | registered                    |
| office or registered agent, or both, in the S<br>agent. I am familiar with, and accept the c   | State of Florida. Such change was a  | authorized b  | y the corporati  | poration submits this statement for the pion's board of directors. I hereby accept | ourpose of ch<br>of the appoin | tment as                      | registered                    |
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**SIGNATURE:** 

7/1/96 (813)888-5388